

<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional): MAT-3720US3
<p>I hereby declare that:</p> <p>The residence, mailing address and citizenship of the inventors are stated below.</p> <p>I am authorized to act on behalf of the following assignee: <u>Panasonic Corporation</u> and the title of my position with said assignee is: <u>General Manager</u></p> <p>The entire title to the patent identified below is vested in said assignee.</p>		
Inventor: Ryoichi Imanaka	Citizenship: JP	
<p>Residence/Mailing Address: 3-2-6, Kuzuha Misaki, Hirakata-shi, Osaka 573 Japan</p>		
Inventor:	Citizenship:	
<p>Residence/Mailing Address:</p>		
<p><input type="checkbox"/> Additional Inventors are named on separately numbered sheets attached hereto.</p>		
Patent Number: 5,790,172	Date of Patent Issued: August 4, 1998	
<p>I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:</p>		
<p><b>SERVER APPARATUS, SUBSCRIBER APPARATUS AND INFORMATION ON DEMAND SYSTEM</b></p>		
<p>the specification of which</p>		
<p><input type="checkbox"/> is attached hereto.</p>		
<p><input checked="" type="checkbox"/> was filed on <u>August 3, 2000</u> as reissue application number <u>09/631,542</u> and was amended on <u>December 17, 2009</u> (if applicable).</p>		
<p>I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.</p>		
<p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.</p>		
<p>I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below (check all boxes that apply):</p>		
<p><input type="checkbox"/> by reason of a defective specification or drawing.</p>		
<p><input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.</p>		
<p><input type="checkbox"/> by reason of other errors.</p>		

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This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.*

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At least one error upon which reissue is based is described as follows:

The Reissue Application is entitled to broadened scope of original claim 1. Claim 1 of the original patent requires "a different amount is charged ... in the case in which said information is provided to said display means and to said recording means." Claim 17 as filed does not.

*[Attach additional sheets, if needed.]*

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.

I hereby appoint:

 Practitioners at Customer

52473

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Correspondence Address: Direct all communications about the application to:

 The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name:	RatnerPrestia		
Address:	P.O. Box 980		
Address:			
City: Valley Forge	State: PA	Zip: 19482	
Country: US			
Telephone: 610-407-0700	Fax: 610-407-0701		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.

Signature



Date:

Dec. 10, 2009

Full Name of person signing (given name, family name): Dr. Hiroki Naito, Director

Address of Assignee:

1006, Oaza Kadoma, Kadoma-shi, Osaka 571-8501 JAPAN